



ER 063316275 US



UNITED STATES POSTAL SERVICE®

Customer Copy
Label 11-B September 2002

Post Office To Addressee

| ORIGIN (POSTAL USE ONLY) | |
|---|--|
| Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Business | Flat Rate Envelope <input type="checkbox"/> |
| Date Mo. Day Year <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th | Postage \$ |
| Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Return Receipt Fee \$ |
| Military <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th | COD Fee \$ |
| Ins Alpha Country Code | Insurance Fee \$ |
| Accomplished Clerk Initials | Total Postage & Fees \$ |
| Weight <input type="checkbox"/> Regular <input type="checkbox"/> Military | |

| DELIVERY (POSTAL USE ONLY) | |
|---|---|
| Delivery Attempt Mo. Day Year <input type="checkbox"/> AM <input type="checkbox"/> PM | Time <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Delivery Attempt Mo. Day Year <input type="checkbox"/> AM <input type="checkbox"/> PM | Time <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Delivery Date Mo. Day Year <input type="checkbox"/> AM <input type="checkbox"/> PM | Time <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Employee Signature | Employee Signature |

| CUSTOMER USE ONLY | |
|--|--|
| PAYMENT BY ACCOUNT Express Mail Corporate Acct. No. | <input checked="" type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery. |
| Federal Agency Acct. No. or Postal Service Acct. No. | |
| NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Customer Signature <i>K. Bach</i> |

| | |
|--|--------------------|
| FROM: (PLEASE PRINT) | PHONE () |
| K. Bach 4407 Twin Oaks Dr Murrysville PA 15668 | 113448 #1161 Am |

| | |
|--|-----------|
| TO: (PLEASE PRINT) | PHONE () |
| Commissioner for Patents P.O. Box 1150 Alexandria VA | |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="margin: 0 5px;">+</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">4</div> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">0</div> </div> | |

FOR PICKUP OR TRACKING CALL 1-800-222-1811

www.usps.com



PRESS HARD. You are making 3 copies.

Lynne Edmondson

571 - 273 - 1172

Case: NI 161

KLAUS J. BACH & ASSOCIATES
PATENTS AND TRADEMARKS
4407 TWIN OAKS DRIVE
MURRYSVILLE, PA 15668 USA
TEL: 724-327-0664
FAX: 724-327-0004

Applicant(s): Christoph Schilling

Examiner: Edmundson, Lynne R.

US Serial No.: 10/762050

US Filing
Date: 16/01/04

Art Unit: 1725

Title: METOD AND APPARATUS FOR JOINING AT LEAST TWO
WORKPIECES BY FRICTION STIR WELDING

AMENDMENT TRANSMITTAL LETTER

Transmitted herewith is an amendment in the above-identified application. If, as a result of the amendment, an additional fee is required, please charge it to:

DEPOSIT ACCOUNT NO.: 500465

CERTIFICATE OF MAILING

I hereby certify that the correspondence is being deposited with the United States Postal Service as ~~first class~~ mail in an envelope addressed to:

Express

Mailing Label:

ER063316275US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on: 1-26-05

K. Bach

Klaus Bach date
4407 Twin Oaks Drive
Murrysville, PA 15668